

Foster Family Home - Corrective Action Report

Provider ID: 1-190012

Home Name: Cecille Murao, CNA

Review ID: 1-190012-2

91-1076 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/11/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection made for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Client # 2 did not have a list of side effects for medications taking

Jackie Chamberlain RN
Compliance Manager

Cecille Murao
Primary Care Giver

12/12/19
Date

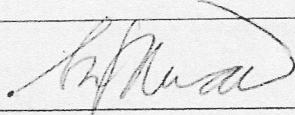
12-12-19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Cecille Murao

CCFFH Address: 91-1076 Kaunolu st. Ewa beach Hi. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(c)5	Lapse in having printed list of side effects cannot be corrected. Pharmacy printout of side effects has now been added to clients binder.	12/13/19	Pharmacy printout with side effects will be added to clients binder or any updated/new medication.

Primary Caregiver's Signature: 

Print Name: CECILLE MURAO

Date of Signature: 12-13-2019